



# Washington State 2004 Health Professional Loan Repayment Program

310 Israel Road SE ♦ PO Box 47834 ♦ Olympia, Washington 98504-7834

Dear Health Professional:

Thank you for your interest in the Washington State Health Professional Loan Repayment Program. An application is included in this packet for your use. The Health Professional Loan Repayment Program is a state-supported general fund program where awards are made on a competitive basis and limited to the availability of funds. The aggregate debt of all applicants has normally exceeded the funds available in any given year. **Not all eligible applicants are assured of participation in the program.** Program funds are designated as a priority for sites and/or practices demonstrating service to underserved populations. **It is expected that the site AND provider client population reflects the demographics of the service area described on the site application.**

Applications must include the required attachments. **Incomplete applications will not be processed.** Program emphasis continues to be on recruitment candidates; therefore, applications will be reviewed on the following schedule:

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| <ul style="list-style-type: none"><li>• <b>Recruitment:</b> (<i>Hired after September 2002 or filling a current vacancy.</i>) <b>Due February 27, 2004 or July 30, 2004</b></li><li>• <b>Retention:</b> (<i>Hired prior to September 2002.</i>) <b>Due July 30, 2004.</b></li></ul> |
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<p><b>NOTE:</b> Only recruitment applications will be considered in the first cycle of awards. In the second cycle, however, both recruitment and retention applications will be given equal consideration based upon their site priority. Funding is split between the two cycles. However, available funding has never been adequate to fund all those who submit qualified applications.</p>
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Applicants are required to make a tentative match with an eligible site **PRIOR** to submitting an application. A list of eligible sites is provided in the back of this application packet. **It is the responsibility of the health professional and site to contact each other to establish an appropriate match.** After an award has been made, it will be necessary for the health professional to submit contract documentation verifying the match has been confirmed. **A site may not receive two awards in the same profession in the same year.** In the event one site has two or more applicants from the same profession, the site will be given the opportunity to identify how the award will be distributed. This award **will not** exceed the highest debt requested or \$75,000, whichever is less.

**Loan repayment funds are taxable income.** Each recipient is responsible for the tax liability. The Washington State program does not include an additional payment to cover the tax liability. Program recipients will receive an IRS Form 1099 for tax reporting purposes. All funds obtained from this program must be applied to the educational debt submitted with this application. Verification of payments may be requested.

If you have any questions regarding the application process, contact:

Kathy McVay

Program Manager

(360) 236-2816

Kathy.McVay@doh.wa.gov

# ***2004 Health Professional Loan Repayment Program***

## **ELIGIBILITY:** *To be eligible to apply, an individual must:*

1. Be enrolled as a full-time student in the final year of an approved course of study or program which leads to a degree in an eligible health profession and which is offered by an accredited school; be enrolled in an accredited graduate training program; have a degree in an eligible program and have completed an approved graduate training program; have a current and valid license to practice such health profession in Washington State by the time of execution of contract; or be in the final stage of training to be licensed to practice an eligible health profession; submit an application on the official application form for participation in the Health Professional Loan Repayment Program;
2. Agree to serve an equivalent to full-time for not less than three years;
3. Agree to charge for professional services at the usual and customary rate prevailing in the area in which such services are provided;
4. Agree not to discriminate against any person on the basis of his/her ability to pay for services or because payment for the health services provided to the individual will be made under part A or B of Title XVIII of the Federal Social Security Act or under a state plan for medical assistance approved under Title XIX of such Act;
5. Agree to accept an assignment under the terms specified in Title XVIII of the federal Social Security Act, section 18.42 (b)(3)(B)(ii);
6. Agree to enter an agreement with the state Medicaid agency to provide services to individuals entitled to medical assistance under the plan;
7. Agree to repay to the program an amount equal to **twice the total amount paid by the program** if the service obligation is not met; and
8. **Not owe an obligation for health professional service to the military, federal government, state, or other entity unless that obligation will be completely satisfied prior to the beginning of service under this program.**

## **SELECTION:** *Applicants will be selected for participation in the Health Professional Loan Repayment Program based upon the following criteria:*

1. The individual's training in a health profession or specialty needed to fulfill an underserved area in Washington State;
2. The individual's commitment to serve in a medically underserved area or community-based primary care site as determined by the statement of commitment on the application form;
3. The availability of the individual for service, with highest consideration being given to individuals who will be available for service at the earliest dates;
4. The length of the individual's proposed service obligation, with greatest consideration being given to persons who agree to serve for longer periods of time; and
5. The individual's academic standing, prior professional experience in a medically underserved area or health personnel shortage area, board certification, residency achievements, peer recommendations, depth of past residency/practice experience, and other criteria related to professional competence or conduct.

Among individuals determined to be eligible for the program, priority will be given to those qualified applicants whose health profession or specialty is most needed, and who are most committed to medically underserved areas and health personnel shortage areas.

## **AWARD:** *Participants shall receive payment from the program for the purpose of repaying educational loans secured while attending a program of health professional training which led to licensure as a health professional.*

1. Repayment shall be limited to loans covering reasonable educational and living expenses and shall include principal and interest.
2. Financial debts or service obligations which do not qualify for repayment include: Public Health Service and National Health Service Corps scholarship training program, National Health Service Corps scholarship program, Armed Forces (Army, Navy, or Air Force) health professional scholarship programs. Loans not obtained from a government entity or commercial lending institution, such as loans from friends and relatives will be reviewed on an individual basis. Loans obtained for educational or personal expenses while at school which exceed the "reasonable" level of cost of attendance are not eligible.
3. **Payments shall be made quarterly to the participant** until the loan is repaid or the participant becomes ineligible due to discontinued service in a health personnel shortage area or after the fifth year of service when eligibility discontinues, whichever comes first. **All funds obtained from this program must be applied to the educational debt submitted with this application. Verification of payments may be requested.**
4. Participants will be required to submit appropriate documentation of service each quarter as required by the program verifying the terms of the agreement have been met for each payment period. **The first payment can be expected after completion of the first quarter of service has been confirmed by submittal of a Service Confirmation form.**
5. Participants violating the non-discrimination provisions described in Section I, (5,6,7) shall be declared ineligible for receiving assistance.
6. Participants shall agree to execute a release to allow the program access to loan records and to acquire information from lenders necessary to verify eligibility and to determine payments. **Loans may not be renegotiated with lenders to accelerate repayment.**

## **REPAYMENT:**

1. Participants who serve less than three years shall be required to repay to the program an amount equal to **twice the total amount** paid by the program.
2. At the request of the participant, the program may waive, in full or in part, the obligation for service or its rights to recover financial damages whenever the program determines that failure to do so was due to circumstances beyond the participant's control. Conditions that would be considered as a waiver from default provisions may include: participant becomes physically impaired to the degree that he/she can no longer function in his/her assigned duties; or participant becomes mentally impaired to the degree that he/she can no longer function in his/her assigned duties; or death.
3. The program shall not be held responsible for any outstanding payments on principal and interest to any lenders once a participant's eligibility expires.



Washington State  
**2004 Health Professional Loan  
Repayment Program**

**Loan Repayment Application**  
*"Benefit from being needed"*

**Personal**

Applicant must be licensed or eligible for licensure in Washington State.

Name: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ SS #: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
*Last Name First Name Middle Initial*

Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone (day): (\_\_\_\_) \_\_\_\_\_ Telephone (eve): (\_\_\_\_) \_\_\_\_\_ E-Mail: \_\_\_\_\_

Career needs of spouse (if applicable): \_\_\_\_\_

Your Hometown: \_\_\_\_\_ Spouse's Hometown: \_\_\_\_\_

Your Ethnic Origin: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Upon completion of training, do you have another service obligation? **Please note: program recipients cannot commit simultaneously to two service obligations.** No: \_\_\_\_\_ Yes: \_\_\_\_\_ (If so, please specify below.)

NHSC: \_\_\_\_\_ IHS: \_\_\_\_\_ Military: \_\_\_\_\_ Other (Specify): \_\_\_\_\_

**Education**

Undergraduate School: \_\_\_\_\_ GPA: \_\_\_\_\_

Degree: \_\_\_\_\_ Date Received: \_\_\_\_\_ Years/credits completed: \_\_\_\_\_

Graduate/Professional School: \_\_\_\_\_

Degree: \_\_\_\_\_ Date Received: \_\_\_\_\_ Years/credits completed: \_\_\_\_\_

Residency/Internship/Preceptorship: \_\_\_\_\_

## **Current and Professional Status**

Residency: \_\_\_\_\_ Military: \_\_\_\_\_

Practice: \_\_\_\_\_ Other (describe): \_\_\_\_\_

Are you Board eligible? \_\_\_\_\_ Board certified? \_\_\_\_\_ Specialty: \_\_\_\_\_

## **Community Information**

Facility: \_\_\_\_\_

Address: \_\_\_\_\_

County: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ FAX: (\_\_\_\_) \_\_\_\_\_ E-Mail: \_\_\_\_\_

Name of key contact: \_\_\_\_\_ Beginning date of employment: \_\_\_\_\_

Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_ Days/Hours Per Week: \_\_\_\_\_

## **Licensure Information**

Are you a licensed health care provider in Washington State? Yes: \_\_\_\_ No: \_\_\_\_

If "Yes," provide the license number: \_\_\_\_\_

If "No," to the best of your knowledge, are you eligible to be licensed in Washington State? Yes: \_\_\_\_ No: \_\_\_\_

Are you a licensed health care provider in any state other than Washington? Yes: \_\_\_\_ No: \_\_\_\_

If "Yes," what type: \_\_\_\_\_ State: \_\_\_\_\_

## **Professional Experience**

*(Make brief, concise statements)*

Summarize your work/training/practice experience. Comment specifically on your experiences in rural/underserved urban areas.

Describe your long-range personal and professional goals.

Discuss your commitment to serve in this community/site.

Describe any life experiences you feel make you an appropriate match for this community/site. Include such things as multicultural experiences, languages in which you are fluent, hobbies, interests, etc.

## **2004 Facility Administrator Confirmation**

*This form is to be completed by facility administrator/medical director or appropriate designee and **must** accompany completed application packet.*

Name of Applicant: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Last Name First Name Middle Initial

Discuss the importance and role of this applicant in your facility/site.

Describe the impact of the loan repayment benefit on your ability to recruit or retain this applicant.

Has your community/site/facility received funds from, or participated in, other state or federal programs, i.e., CBRR, RHSD, CHSD, NHSC, HSR, rural health outreach grant, etc.?

\_\_\_\_\_ Yes \_\_\_\_\_ No If yes, please describe.

***I certify this Loan Repayment program applicant meets all the qualifications for which the site received access barrier points in the site application process. The applicant has made a commitment to stay at this facility for a minimum of three years while participating in the Loan Repayment Program.***

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
(Print or type)

Site: \_\_\_\_\_ Address: \_\_\_\_\_

## **Agreement**

*I certify that the statements made herein are correct to the best of my knowledge. I authorize the Health Professional Loan Repayment Program to maintain a record of this information. I understand that any referral by the Health Professional Loan Repayment Program is not to be interpreted as an endorsement by the program. I further understand that it is my responsibility to evaluate the credentials and references of the site/opportunities/providers.*

*I agree, if accepted into this program, to serve for a minimum of three years and to accept Medicare assignments and Medicaid patients. I further agree that all funds obtained from this program will be applied to the educational debt submitted with this application.*

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

### **Special Note**

Loan repayment funds are taxable income. Each recipient is responsible for the tax liability. The Washington State Program **DOES NOT** include an additional 39 percent to cover the tax liability.

### **Attachment Checklist**

- \_\_\_\_\_ **Current** loan statement(s) with amount outstanding (**required**)
- \_\_\_\_\_ Recommendation letters (three) from training supervisors/professional colleagues (**required**)
- \_\_\_\_\_ Facility Administrator Confirmation form (**required**)
- \_\_\_\_\_ Letter confirming residency certification (if applicable)
- \_\_\_\_\_ Verification of Board eligibility (if applicable)
- \_\_\_\_\_ Professional school transcript (**required**)
- \_\_\_\_\_ Copy of employer/employee contract and/or agreement (**required**)

### **Mail Completed Application To:**

Health Professional Loan Repayment Program  
Office of Community and Rural Health  
310 Israel Road SW  
PO Box 47834  
Olympia, WA 98504-7834

Telephone: 360-236-2816  
FAX: 360-664-9273  
E-Mail: Kathy.McVay@doh.wa.gov

### **Deadlines for 2004 Applications**

**Recruitment Applications:** February 27, 2004 and July 30, 2004

**Recruitment and Retention Applications** July 30, 2004

**NOTE:** *Recruitment applications will be considered in the first cycle of awards. In the second cycle, however, both recruitment and retention applications will be given equal consideration based upon their site priority. Funding is split between the two cycles. Please note - available funding has never been adequate to fund all those who submit qualified applications.*

**PRIMARY CARE PHYSICIANS (MD or DO)**

Airway Heights Correction Center ~ Airway Heights  
Columbia Valley Community Health ~ Chelan  
Lourdes Medical Center ~ Pasco  
Mt. View Women's Health Center ~ Shelton  
North Basin Medical Clinics ~ Davenport, Wilbur  
Olympic Primary Care ~ Port Townsend  
Peninsula Community Health Services ~ Aberdeen, Copalis Beach  
Roger Saux Health Center ~ Taholah  
Sea Mar Community Health Center ~ Tacoma  
Mt. View Women's Health Center (YVFWC) ~ Grandview

**PHYSICIAN ASSISTANTS/NURSE PRACTITIONERS**

Airway Heights Correction Center – Airway Heights (PA/NP)  
Community Health Care ~ Tacoma, (PA/NP) Tillicum, (PA) Soundview (PA/NP)  
Garfield County Memorial Hospital ~ Pomeroy (PA/NP)  
Jamestown Family Health Clinic ~ Sequim (PA/NP)  
Jefferson General Medical Group ~ Port Townsend  
Lincoln-RAP Work Release ~ Tacoma (NP)  
McNeil Island Corrections Center ~ Steilacoom (PA)  
Moses Lake Community Health Center ~ Quincy (PA/NP)  
Native Health of Spokane ~ Spokane (NP)  
NE Washington Health Programs ~ Northport (PA)  
Olympic Primary Care ~ Pt. Townsend (PA/NP)  
Peninsula Community Health ~ Aberdeen, Copalis Beach, Pt Orchard, Poulsbo (PA)  
Pomeroy Medical Clinic ~ Pomeroy (PA/NP)  
Quincy Valley Medical Center ~ Quincy (PA)  
Roger Saux Health Center ~ Taholah (NP)  
SeaMar Community Health Center ~ Seattle (NP)  
Stafford Creek Corrections Center ~ Aberdeen (PA)  
Tacoma Pre-Release ~ Steilacoom (NP)

**NURSES**

Airway Heights Correction Center ~ Airway Heights (LPN) (RN)  
Columbia Valley Community Health ~ Wenatchee (RN)  
Community Hlth Association of Spokane ~ Denny Murphy/NE/Valley (RN)  
Community Health Care ~ Soundview (RN) Tillicum (RN)  
Community Health Center of Snohomish County ~ Everett (RN)  
Eastern State Hospital ~ Spokane (LPN) (RN)  
Fircrest School for Developmental Disabilities ~ Shoreline (LPN)  
Forks Community Hospital ~ Forks (RN)  
Garfield County Memorial Hospital ~ Pomeroy (LPN) (RN)  
Lincoln Hospital Nursing Home ~ Davenport (LPN) (RN)  
Lourdes Medical Center ~ Pasco (RN)  
Martha and Mary Health Services ~ Poulsbo (LPN) (RN)  
McNeil Island Corrections Center ~ Steilacoom (RN)  
Monroe Correctional Complex ~ Monroe (RN)  
North Valley Nursing Home ~ Tonasket (LPN)  
Odessa Memorial Healthcare Center ~ Odessa (RN)  
Okanogan Douglas District Hospital ~ Brewster (RN)  
Pacific Care Center (RN)  
Pike Market Medical Clinic ~ Seattle (RN)  
Puget Sound Neighborhood Health Centers ~ Greenwood (RN)  
Puyallup Tribal Health Authority ~ Tacoma (RN)  
Roger Saux Health Center ~ Taholah (LPN)  
SeaMar Community Health Center ~ Mt. Vernon (RN) Seattle/Tacoma (LPN) (RN)  
Stafford Creek Corrections Center ~ Aberdeen (LPN) (RN)  
Washington Corrections Center for Women ~ Purdy (RN)  
Washington Odd Fellows Home ~ Walla Walla (LPN) (RN)  
Western State Hospital ~ Steilacoom (RN)

**PHARMACISTS**

Clallam Bay Corrections Center ~ Clallam Bay  
Columbia Valley Community Health ~ Wenatchee  
Community Health Care ~ Tacoma  
McNeil Island Corrections Center ~ Steilacoom  
Monroe Correctional Complex ~ Monroe  
Moses Lake Community Health Center ~ Quincy  
Roger Saux Health Center ~ Taholah  
SeaMar Community Health Center ~ Olympia  
Squaxin Island Health Clinic ~ Shelton  
Yakima Neighborhood Health Services ~ Yakima  
Yakima Valley Farm Workers' Clinic ~ Toppenish, Yakima

**DENTAL HYGIENISTS**

Community Dental ~ Sunnyside  
Community Health Association of Spokane ~ Maple Street  
Community Health Care ~ Lakewood, Adult Dental-Tacoma  
Community Health Center of Snohomish County ~ Everett  
Concrete Dental ~ Concrete  
Forks Community Hospital ~ Forks  
Jamestown S'Klallam Tribe ~ Sequim  
McNeil Island Corrections Center ~ Steilacoom  
Roger Saux Health Center ~ Taholah  
Shoalwater Bay Tribal Clinic ~ Tokeland  
SmileQuest ~ Warden  
The Dental Village ~ Shelton

**DENTISTS**

Children's Village ~ Yakima  
Clallam Bay Corrections Center ~ Clallam Bay  
Columbia Ridge Dentistry ~ Vancouver  
Columbia Valley Community Health ~ Chelan  
Community Dental ~ Sunnyside  
Community Health Care ~ Children's Dental-Tacoma  
Concrete Dental ~ Concrete  
Family Health Centers ~ Okanogan  
Forks Community Hospital ~ Forks  
Jamestown S'Klallam Tribe ~ Sequim  
Lowell S. Booth DDS, PC ~ Vancouver  
Peninsula Community Health Services ~ Aberdeen, Copalis Beach, Pt. Orchard  
Roger Saux Health Center ~ Taholah  
Sea Mar Community Health Center ~ Burlington  
SmileQuest ~ Warden  
Stafford Creek Corrections Center ~ Aberdeen  
Squaxin Island Health Clinic ~ Shelton  
The Dental Village ~ Shelton  
Washington State Penitentiary ~ Walla Walla  
Yakima Valley Farm Workers' Clinic ~ Spokane Falls

**RETENTION ONLY****PRIMARY CARE PHYSICIANS (MD or DO)**

Association of Samaritan Physicians ~ Moses Lake  
Cascade Medical Center Family Practice Clinic ~ Leavenworth  
Child and Adolescent Clinic ~ Longview  
Family Practice Clinic ~ Goldendale  
Native Health of Spokane ~ Spokane  
Parkview Pediatrics and Family Medicine ~ Moses Lake  
Peninsula Children's Clinic, Inc. ~ Port Angeles  
Pine Lodge Pre-Release ~ Medical Lake  
Puget Sound Neighborhood Health Centers ~ Greenwood  
Puyallup Tribal Health Authority ~ Tacoma  
SeaMar Community Health Center ~ Olympia  
Skagit Valley Medical Center, Inc. PS ~ Mt. Vernon, Sedro Woolley  
Washington Corrections Center for Women ~ Purdy

**PHYSICIAN ASSISTANTS/NURSE PRACTITIONERS**

Ahtanum View Correctional Complex ~ Yakima (PA)  
Evergreen Treatment Services ~ Seattle (PA)  
Pine Lodge Pre-Release ~ Medical Lake (PA)  
SeaMar Community Health Centers ~ Olympia (NP)  
Swofford and Halma Clinic ~ Sunnyside (NP)  
Virginia Mason Medical Center ~ Port Angeles (PA)  
Washington Corrections Center ~ Shelton (NP)  
Yakima Valley Farm Workers' Clinic ~ Toppenish (NP)

**NURSES**

Ahtanum View Correctional Complex ~ Yakima (RN)  
Family Health Centers ~ Brewster (RN)  
Ferry County Memorial Hospital ~ Republic (RN)  
Mid-Valley Hospital ~ Okanogan (RN)  
North Valley Nursing Home ~ Tonasket (RN)  
Okanogan-Douglas District Hospital ~ Brewster (RN)  
Olympic Physicians ~ Shelton (RN)  
Puyallup Tribal Health Authority ~ Tacoma (RN)  
Spokane Veterans' Home ~ Spokane (LPN)

**PHARMACISTS**

Western State Hospital - Steilacoom

**DENTISTS**

Cashmere Dental ~ Cashmere  
Golden Age Dentistry ~ Kirkland  
Peninsula Community Health Services ~ Aberdeen  
Pine Lodge Pre-Release ~ Medical Lake  
Puget Sound Neighborhood Health Centers ~ Southeast, Central  
Puyallup Tribal Health Authority ~ Tacoma  
Squaxin Island Health Clinic ~ Shelton  
Washington Corrections Center for Women ~ Purdy  
Weiland & Weiland DDS ~ Spokane  
Yakima Valley Farm Workers' Clinic ~ Toppenish

**CERTIFIED NURSE MIDWIVES**

Skagit Valley Medical Center, Inc. PS ~ Mt. Vernon

**Health Professional Loan Repayment  
Eligible Sites - 2004**

Please Note - This list changes in November every year.



## Directory of Facilities - 2004

SITE	COUNTY/CITY	CONTACT	TELEPHONE
Ahtanum View Correctional Complex	Yakima/Yakima	Joop DeJonge	509-573-6353
Airway Heights Corrections Center	Spokane/Airway Heights	Maggie Miller Stout	509-244-6828
Association of Samaritan Physicians	Grant/Moses Lake	Keith Baldwin	509-766-1310
Cascade Medical Center Family Practice Clinic	Chelan/Leavenworth	Douglas V. Williams	509-548-5815
Cashmere Dental	Chelan/Cashmere	Jared T. French	509-782-2297
Child and Adolescent Clinic	Cowlitz/Longview	Kimberley J. Robbins	360-423-6140
Children's Village	Yakima/Yakima	Mark Rearrick	509-865-6175
Clallam Bay Corrections Center	Clallam/Clallam Bay	Sandra Carter	360-963-3236
Columbia Ridge Dentistry	Clark/Vancouver	Wallace Teuscher	360-696-3326
Columbia Valley Community Health	Chelan/Multiple	Cheryl Damstetter	509-662-6000
Community Dental	Yakima/Sunnyside	Gary E. Martin	509-837-4022
Community Health Association of Spokane	Spokane/Multiple	Chris Purviance	509-444-8888
Community Health Care	Pierce/Multiple	David Flentge	253-597-4550
Community Health Centers of Snohomish County	Snohomish/Everett	Kenneth M. Green	425-249-2019
Concrete Dental	Skagit/Concrete	Sharon P. Feller	360-770-3502
Eastern State Hospital	Spokane/Medical Lake	Harold E. Wilson	509-299-4352
Evergreen Treatment Services	King/Seattle	Ron Jackson	206-223-3644
Family Health Centers	Okanogan/Multiple	Peter J. Theobald	509-422-7629
Family Practice Clinic	Klickitat/Goldendale	Jeff Teal	509-773-4017
Ferry County Memorial Hospital	Ferry/Republic	Ron O' Halloran	509-775-3333
Fircrest School for Developmental Disabilities	King/Shoreline	Asha Singh	206-361-3303
Forks Community Hospital	Clallam/Forks	John Sherrett	360-374-6271
Garfield County Memorial Hospital	Garfield/Pomeroy	Andrew Craigie	509-843-1591
Golden Age Dentistry	King/Kirkland	Michelle Caldier	206-898-3833
Jamestown Family Health/Jamestown S'Klallam Tribe	Clallam/Sequim	Cindy Lowe	360-582-2891
Jefferson General Medical Group	Jefferson/Port Townsend	Beki Lischalk	360-385-2200 x2089
Lincoln Hospital Nursing Home	Lincoln/Davenport	Thomas J. Martin	509-725-2979 x 134
Lincoln-Rap Work Release	Pierce/Tacoma	Dennis Wheeler	253-471-4537
Lourdes Medical Center	Franklin/Pasco	James F. Dover	509-546-2350
Lowell S. Booth DDS, PC	Clark/Vancouver	Lowell S. Booth	360-694-4000
Martha and Mary Health Services	Kitsap/Poulsbo	Chad Solvie	360-394-4010
McNeil Island Corrections Center	Pierce/Steilacoom	Douglas O. Cole	253-512-6640
Mid-Valley Hospital	Okanogan/Okanogan	Michael D. Billing	509-826-1760
Monroe Correctional Complex	Snohomish/Monroe	Gary P. Fleming	360-794-2885
Moses Lake Community Health Center	Grant/Quincy	Julie Weisenburg	509-765-0674 x2271
Mountain View Women's Health Center	Mason/Shelton	Jonathan Gold	360-426-0955
Native Health of Spokane	Spokane/Spokane	Toni Lodge	509-325-5502
NE Washington Health Programs	Stevens/Northport	Tom Hochwalt	509-935-6001
North Basin Medical Clinics	Lincoln/Davenport-Wilbur	Paula Erret	509-725-7501 x39
North Valley Nursing Home	Okanogan/Tonasket	Warner Bartleson	509-486-2151
Odessa Memorial Healthcare Center	Lincoln/Odessa	Mark Barglof	509-982-2611 x193
Okanogan-Douglas District Hospital	Okanogan/Brewster	Jerry Lane	509-689-2517
Olympic Physicians, PLLC	Mason/Shelton	Pamela Schlauderaff	360-426-2500
Olympic Primary Care	Jefferson/Port Townsend	Beki Lischalk	360-385-2200 x2089
Pacific Care Center	Grays Harbor/Hoquiam	Matthew Wing	360-532-7882
Parkview Pediatrics and Family Medicine	Grant/Moses Lake	Bev Lane	509-766-9450
Peninsula Children's Clinic, Inc.	Clallam/Port Angeles	Pam Boroughs	360-457-8578
Peninsula Community Health Services	Multiple/Multiple	Barbara P. Malich	360-478-2366
Pike Market Medical Clinic	King/Seattle	Debra Morrison	206-728-1687 x3026
Pine Lodge Pre-Release	Spokane/Medical Lake	Kaye Adkins	509-299-2302
Pomeroy Medical Clinic	Garfield/Pomeroy	Andrew Craigie	509-843-1591
Puget Sound Neighborhood Health Centers	King/Multiple	Mark Secord	206-461-6935 x136
Puyallup Tribal Health Authority	Pierce/Tacoma	Byron C. Larson	253-593-0232
Quincy Valley Medical Center	Grant/Quincy	John Perushek	509-787-3531
Roger Saux Health Center	Grays Harbor/Taholah	Fawn Tadios	360-276-4405
SeaMar Community Health Centers	Multiple/Multiple	Mary Bartolo	206-763-5277
Shoalwater Bay Tribal Clinic	Pacific/Tokeland	Marsha Crane	360-267-6766
Skagit Valley Medical Center, Inc. PS	Skagit/Multiple	Don Schlichtmann	360-428-6482
SmileQuest	Grant/Warden	Dorothy Yamamoto	509-349-7420
Spokane Veterans' Home	Spokane/Spokane	Kathleen Magonigle	509-344-5777
Squaxin Island Health Clinic	Mason/Shelton	Whitney Jones	360-432-3935
Stafford Creek Corrections Center	Grays Harbor/Aberdeen	Doug Waddington	360-537-2066
Swofford and Halma Clinic, Inc.	Yakima/Sunnyside	Harlan Halma	509-837-3933
Tacoma Pre-Release	Pierce/Steilacoom	James Walker	253-761-7661
The Dental Village	Mason/Shelton	Shirley Daniels	360-432-1978
Virginia Mason Medical Center	Clallam/Port Angeles	Gary Kriedberg	360-457-2185
Washington Corrections Center	Mason/Shelton	Patrick Shannon	360-427-4686
Washington Corrections Center for Women	Pierce/Gig Harbor	Belinda Stewart	253-858-4217
Washington Odd Fellows Home	Walla Walla/Walla Walla	John R. Brigham	509-525-6463
Washington State Penitentiary	Walla Walla/Walla Walla	Patricia Rima	509-526-6525
Weiland & Weiland, DDS, PS	Spokane/Spokane	Suzanne Weiland	509-448-1832
Western State Hospital	Pierce/Tacoma	R. Darrell Hamilton	253-756-2846
Yakima Neighborhood Health Services	Yakima/Yakima	Rhonda Hauff	509-574-5552
Yakima Valley Farm Workers' Clinics	Multiple/Multiple	Mark Rearrick	509-865-6175